

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Association of Realtors Congressional Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00488742																									
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>		M	M					D	D					Y	Y	Y	Y	Y	Y						
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Y	Y	Y	Y	Y	Y																						

Full Name of Payee <b>Strategic Partners &amp; Media, Inc</b>			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>02</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>14</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>			M	M		02			D	D		14			Y	Y	Y	Y	Y	Y						
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Mailing Address PO Box 480			Amount 80000.00																										
City Arnold	State MD	Zip Code 21012-0480	Transaction ID : E1E599DF1097C47208F3																										
Purpose of Expenditure Online video production costs & Ad buy		Category/ Type	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>			M	M					D	D					Y	Y	Y	Y	Y	Y						
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Name of Federal Candidate Rep. Pete A. Sessions		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 32 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX																										
Calendar Year-To-Date Per Election for Office Sought		211314.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶																										

Full Name of Payee <b>Public Opinion Strategies, LLC</b>			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>02</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>14</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>			M	M		02			D	D		14			Y	Y	Y	Y	Y	Y						
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Mailing Address 214 N Fayette St			Amount 19000.00																										
City Alexandria	State VA	Zip Code 22314-2433	Transaction ID : EE5FA1DBADD22442BBB																										
Purpose of Expenditure Polling Expenses		Category/ Type	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>			M	M					D	D					Y	Y	Y	Y	Y	Y						
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Calendar Year-To-Date Per Election for Office Sought		211314.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶																										

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	99000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

William Armstrong

[Electronically Filed]

Date

M	M	
02		

D	D	
14		

Y	Y	Y	Y	Y	Y

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Association of Realtors Congressional Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00488742	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Majority Strategies</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 14 / 2014</b>		
Mailing Address 135 Professional Dr Ste 104			Amount <b>81394.00</b>		
City Ponte Vedra Beach	State FL	Zip Code 32082-6277	Transaction ID : E3180DFA9279E471AAC2		
Purpose of Expenditure Direct Mail Costs		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Rep. Pete A. Sessions		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate		District: 32 State: TX
Calendar Year-To-Date Per Election for Office Sought		211314.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>National Association of REALTORS</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 14 / 2014</b>		
Mailing Address 430 N Michigan Ave			Amount <b>400.00</b>		
City Chicago	State IL	Zip Code 60611-4011	Transaction ID : E557356364039479AB07		
Purpose of Expenditure Consulting Services		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Rep. Pete A. Sessions		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate		District: 32 State: TX
Calendar Year-To-Date Per Election for Office Sought		211314.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>81794.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	<b>180794.00</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

William Armstrong

[Electronically Filed]

Date

MM / DD / YYYY  
**02 / 14 / 2014**

Signature